

**State of South Dakota**  
**Cigarette Excise Tax Stamp Credit Application**

Distributor \_\_\_\_\_ License No. \_\_\_\_\_ Meter No. \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**The damaged and unusable cigarettes described below have been returned to:**

Name of Manufacturer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipped Via \_\_\_\_\_ Date \_\_\_\_\_

In accordance with South Dakota statutes section 10-5-20.1, application is hereby made for a cigarette excise tax stamp credit memo for the following tax stamps and/or tax stamp impressions affixed to damaged or unsaleable cigarettes returned to the manufacturer.

Brand	Size of Package	No. of Packages	Stamp Denomination	No. of Stamps	Face Value of Stamps

**Face Value of Stamps Returned**      \$ \_\_\_\_\_

**Certificate**

I hereby certify that, to the best of my knowledge and belief, the within and foregoing report is true and correct, and that none of these cigarettes will be sold or otherwise disposed of contrary to the provision of SDCL 1967 Section 10-50-20.1.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Firm: \_\_\_\_\_

Owner: \_\_\_\_\_

Department of Revenue, Special Taxes Division, 445 E Capitol Ave., Pierre, South Dakota 57501-3100

**For Department Use Only**

Manufacturers Affidavit Received      No. \_\_\_\_\_      Dated \_\_\_\_\_

Face Value of Stamps    \$ \_\_\_\_\_      Credit Value @ 95% of Face Value \$ \_\_\_\_\_

Date Audited \_\_\_\_\_ By \_\_\_\_\_      Credit Memo Issued No. \_\_\_\_\_

Approved \_\_\_\_\_

Special Taxes Division, Department of Revenue